



HIPAA Corner... ..

Disclosures for Public Health Purposes

The Privacy Rule allows covered entities to disclose PHI to public health authorities when required by federal, tribal, state, or local laws [45 CFR 164.512(a)]. This includes state laws (or state procedures established under such law) that provide for receiving reporting of disease or injury, child abuse, birth, or death, or conducting public health surveillance, investigation, or intervention.

For disclosures not required by law, covered entities may still disclose, without authorization, to a public health authority authorized by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, the minimum necessary information to accomplish the intended public health purpose of the disclosure [45 CFR 164.512 (b)].

For example, to protect the health of the public, public health officials might need to obtain information related to persons affected by a disease. In certain cases, they might need to contact those affected to determine the cause of the disease to allow for actions to prevent further illness. The Privacy Rule continues to allow for the existing practice of sharing PHI with public health authorities who are authorized by law to collect or receive such information to aid them in their mission of protecting the health of the public. Examples of such activities include those directed at the reporting of disease or injury, reporting adverse events, reporting births and deaths, and investigating the occurrence and cause of injury and disease.

Although it is not a defined term, DHHS interpreted the phrase "authorized by law" to mean that a legal basis exists for the activity. Further, DHHS called the phrase "a term of art," including both actions that are permitted and actions that are required by law [64 FR 59929, November 3, 1999]. This does not mean a public health authority at the federal, tribal, state, or local level must have multiple disease or condition-specific laws that authorize each collection of information. Public health authorities operate under broad mandates to protect the health of their constituent populations.

Daily Encounter Special Runs

The Office of Program Support/Encounters Unit would like to remind all RBHAs of the availability of special runs in daily processing of encounter files. At the request of the RBHA, special runs of encounter files can be done before 10:00 am on any processing day. Requests for special encounter file runs should be forwarded to respective RBHA representatives via e-mail at least one day prior to the expected special run date and should include the file name and a brief description of the file's contents.



Important Information on Corporate Compliance

DBHS Corporate Compliance Program

Effective July 2005, the Department of Behavioral Health Services (DBHS) established a Corporate Compliance Plan (Plan). This plan was developed to assure that DBHS was in compliance with AHCCCS requirements and that DBHS was providing responsible fraud and abuse oversight, prevention and detection for its contractors.

As a part of the plan, DBHS has established the Compliance Audit Unit (CAU) within the Bureau of Financial Operations. The Compliance Audit Unit's manager is the divisions designated compliance officer. The CAU manager reports directly to DBHS' Chief Financial Officer. The CAU manager, Tim Stanley, is the point of contact for all issues relating to questions, concerns and reports of suspected fraud and abuse involving a T/RBHA or provider. Tim's direct number is 602-364-4781. Any T/RBHA or provider is welcome to receive a copy of DBHS' Compliance Plan by contacting the CAU office.

As a reminder, all instances of suspected fraud or abuse are to be reported to AHCCCS or DBHS (CAU manager) in writing, within 10 working days of discovery. Instances of suspected fraud that were resolved internally (personnel action taken, training provided, policy or procedural changes, etc.) must still be reported in writing within 10 working days to AHCCCS or DBHS. This reporting requirement is in each T/RBHA contract with DBHS and must be strictly adhered to. In the event of fraud or abuse, time is of the essence to assure that an effective investigation can be conducted and that funds are recovered and additional loss is not incurred.

User Access Request Forms



The Office of Program Support Services *must* authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736.

For questions or more information, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov



We will be closed Monday, September 5, 2005 in observance of Labor Day.

NMHA Speaks Out Against Medicaid Commission

In response to the establishment of a Medicaid commission created to reduce spending by \$10 billion over the next five years, the National Mental Health Association (NMHA) warned that a cut of that magnitude would jeopardize the lives of the mentally ill dependent on that funding, according to a May 23 press release.

NMHA is concerned that cuts on that level would force states already struggling with budget constraints to further reduce services and eligibility, and increase required co-pays, according to the release.

Medicaid is the largest source of financing for mental healthcare in the country, comprising more than half of state and local spending on mental health services.

“Secretary Mike Leavitt is fully committed to establishing a commission that will sustain Medicaid for our nation's most vulnerable citizens,” said Health and Human Services spokesperson Craig Stevens about the NMHA release. “In order to ensure that Medicaid is viable to provide the services that our citizens depend on, it's important to reevaluate current processes and possible inefficiencies to seek out cost saving opportunities.”

Find the complete article at:

<http://www.nmha.org/newsroom/system/news.vw.cfm?do=vw&rid=691>

AHCCCS Division of Health Care Management Data Analysis & Research Unit Encounter File Processing Schedule August – September 2005

FILE PROCESSING ACTIVITY	Aug 2005	Sept 2005
Deadline for Corrected Pended Encounter and New Day File Submission to AHCCCS	Fri 8/5/2005 12:00 PM	Fri 9/9/2005 12:00 PM
Work Days for AHCCCS	7	7
Encounter Pended and Adjudication Files Available to Health Plans.	Tue 8/15/2005	Tue 9/19/2005
Work Days for Health Plans	14	19

NOTE:

1. This schedule is subject to change. If untimely submission of an encounter is caused by an AHCCCS schedule change, a sanction against timeliness error will not be applied.
2. Health Plans are required to correct each pending encounter within 120 days.
3. On deadline days, encounter file(s) must arrive at AHCCCS by 12:00 p.m., Noon, unless otherwise noted

Quarterly Override/Delete Logs

The quarterly submission of the monthly override/delete logs is due to ADHS/DBHS by August 5, 2005. Please submit the logs electronically using the FTP server. All files due are for quarter ending June 30, 2005 (04/01/2005 to 06/30/2005). Please contact your assigned RBHA Rep for any questions or concerns.

Edit Alerts



An Edit Alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again with the following monthly publication of the Encounter Tidbits.

*** There are no edit alerts this month ***



Coding Q & A

Q May anyone with a Masters degree bill the HO (Masters Degree) modifier or must one have to be a certified masters or other certified designation (now Licensed); i.e., CISC (LIST), etc.?

A Per the Covered Services Guide, page 72 under Service Standard/Provider Qualifications, it states: "Case management services must be provided by individuals who are qualified behavioral health professionals, behavioral health technicians, or behavioral health paraprofessional as defined in A.A.C. R9-20". Therefore a provider who happens to have a Masters Degree may not use the modifier HO when providing Case Management services unless that provider is also a qualified Behavioral Health Professional.



Important Reminder

CMS Reminds Contractors of October 1 Effective Date for New ICD-9-CM Codes

As of October 1, 2005, Medicare carriers, durable medical equipment regional carriers, and fiscal intermediaries need to use updated codes found in the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*.

According to *Transmittal 591*, which CMS released June 24, all professional and institutional claims—such as physicians, non-physician practitioners, independent clinical diagnostic laboratories, occupational and physical therapists, independent diagnostic testing facilities, audiologists, and ambulatory surgery centers—require ICD-9-CM codes. Ambulance supplier claims do not require ICD-9-CM codes.

Practitioners, physicians, and suppliers **do not** have a 90-day grace period in which to use discontinued ICD-9-CM diagnosis codes on Medicare claims.

For more information or to view a complete list of the updated ICD-9-CM diagnosis codes, visit the CMS Web site at <http://www.cms.hhs.gov/medlearn/icd9code.asp>

To view the entire transmittal, go to http://www.cms.hhs.gov/manuals/pm_trans/R591CP.pdf

AHCCCS Data Validation Studies Status

CYE 02 (CY20): The final report has been received and disseminated to the RBHAs.

CYE 03 (CY21): AHCCCS is currently scoring the medical records; the preliminary report is not expected for another 3-4 months.

CYE 04 (CY22): ADHS/DBHS received the initial provider and medical request letter from AHCCCS and forwarded the information to the RBHAs. The provider information was due back to AHCCCS by July 1, 2005. AHCCCS will then request the medical records from the providers, which must be sent back to AHCCCS by September 12, 2005.

Back Issues of the Tidbits



Have you ever wanted to refer to an article from a previous issue of the Tidbits? An archive is available on the BHS website. To reach them, go to <http://www.azdhs.gov/bhs/tidbits> to view or print prior editions.

Office of Program Support Staff

If you need assistance, please contact your assigned Technical Assistant at:

Michael Carter	Excel NARBHA Cenpatico	(602) 364-4710
Eunice Argusta	CPSA-3 CPSA-5 Gila River Navajo Nation Pascua Yaqui	(602) 364-4711
Javier Higuera	PGBHA Value Options	(602) 364-4712

AHCCCS Encounters Error Codes

N004 – NDC Code not on File

Effective for the February cycle, valid Redbook or MediSpan National Drug Codes (NDC) encounter read has been implemented. If pharmacy encounters are pending for this error code, verify the NDC's are valid Redbook or MediSpan codes. If valid, submit the information to your assigned technical assistant.

N004 – NDC Code not on File	11,590
Total	11,590



These errors account for 15.10% of the pending encounters at AHCCCS.

AHCCCS Pend Overrides, Subvention & Deletions

To ensure delete/override files are accepted by ADHS and sent to AHCCCS for processing, RBHAs must notify Barbara Carr by email at carrb@azdhs.gov and copy their RBHA representative that the file has been placed on the NT server and submit only encounters with approved error and reason codes. Failure of notification could result in the file not being sent to AHCCCS because ADHS is unaware the file exists or it may be mistaken for previous month's file. Submission of error and reason code combinations other than the following could result in the denial of the file.

Reason Code	AHCCCS Pend Error
D012	R410 – Recipient not AHCCCS eligible during dates of service
D017	R660 – Recipient does not have MHS enrollment at AHCCCS during dates of service
D018	H280 – Encounter not eligible to adjust